## Case 2:16-bk-51678 Doc 18 Filed 04/26/16 Entered 04/26/16 14:42:55 Desc Main Page 1 of 2 Document

Fill in this inform	nation to identify your case:	
Debtor 1	Lonnie James Thomas	
Debtor 2 (Spouse, if filing)	Tina Marie Thomas	
United States Ba	ankruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number	2:16-bk-51678	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106l	MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Describe Employment							
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse				
	If you have more than one job,	Employment status	■ Employed	■ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed				
	employers.	Occupation	Asst Manager	Group Leader				
Include part-time, seasonal, or self-employed work.		Employer's name	Save A Lot	Nationwide Insurance				
	Occupation may include student or homemaker, if it applies.	Employer's address Moran Foods 2501-1 W Grandview Road Phoenix, AZ 85023		One Nationwide Plaza Columbus, OH 43215				
		How long employed t	here? 2 years	14 years				
_	a							

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,524.52 3,260.18 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 3,524.52 3,260.18

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	otor 1 otor 2	Lonnie James Thomas Tina Marie Thomas	_		Cas	se number (if ki	nown)	2:16	-bk-516	678	
	Cor	by line 4 here	4.		<b>F</b>	or Debtor 1	1 52		Debtor -filing s		
	00,	y line 4 nere	•	•	Ψ	0,02	1.02	Ψ	٠,	200.10	=
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	524	4.33	\$		380.42	
	5b.	Mandatory contributions for retirement plans	51	b.	\$	(	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans		C.	\$		0.00	\$		450.67	_
	5d.	Required repayments of retirement fund loans		d.	\$		0.00	\$		190.67	_
	5e.	Insurance	_	e.	\$		3.67	\$_		244.83	-
	5f.	Domestic support obligations	51		\$		0.00	\$_		0.00	_
	5g. 5h.	Union dues Other deductions. Specify: Parking		g. h.+	\$ - \$		0.00	+ \$-		0.00	_
_		<u> </u>	_		·		0.00	· —		56.33	-
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	•	\$	533	3.00	\$	1,	322.92	=
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,99	1.52	\$	1,	937.26	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8:	a.	\$	•	0.00	\$		0.00	
	8b.	Interest and dividends		b.	\$		0.00	\$_		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		C.	\$		0.00	\$		0.00	-
	8d.	Unemployment compensation	8	d.	\$		0.00	\$		0.00	-
	8e.	Social Security	8	e.	\$		0.00	\$		0.00	-
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	81	f. g.	\$		0.00 0.00	\$ \$		0.00	_
	8h.	Other monthly income. Specify:	_ 8	h.+	\$	(	0.00	+ \$		0.00	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	.	\$_	(	0.00	\$_		0.0	D
10	Cal	nulate monthly income. Add the 7 y line 0	10	Φ.		0.004.50				æ	4 000 70
10.		culate monthly income. Add line 7 + line 9.  the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$		2,991.52	<b>+</b>   ⊅ _	1,9	937.26	= \$ _	4,928.78
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	dep						Schedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest is that amount on the Summary of Schedules and Statistical Summary of Certain lies							12.	\$	4,928.78
										Combi	
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							monthl	y income
		Yes. Explain:									

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